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| POSITION | INITIALS | ID NO. | DATE |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

10/11-26-01

INDEX OF CLAIMS

| | | | |
|---|--------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral) ... Canceled | A | Appeal |
| — | Restricted | O | Objected |

| Claim | Date |
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| Final | Original |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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